I

| MARYLAND | STATE DEPARTMENT | OF HEALTH—BALTIMORE, | 18 |
|----------|------------------|----------------------|----|
| 0500 | | | |

2500 CERTIFICATE OF DEATH

02468

| | | | | | | | | | T. NO. | |
|---|-----------------------------------|---|------------------|---|------------------|--|--|----------------------------------|-----------------------|-------------------------------|
| 1. PLACE OF DEATH | m.33 | | | 2. USUAL RESIDE | NCE (Where o | | . If institution | n: Residenc | e before a | fmission) |
| | Talbo | t | MARYLAND | | rylan | đ | b. COUNTY | Talb | ot | |
| b. CITY OR TOWN (I | f outside carporate limit | s, write c. LENGT | H OF STAY IN 16 | c. CITY OR TO | WN (If autside | carporate li | mits, write Rl | | | town) |
| Rural - S | t. Michae | 10 3 |) was | V D. | | G+ | M4 - h - | . 7 . | | |
| | AL (If not in hospital, gi | | yrs | d. STREET AD | | St. | Michs | 1918 | _ IC | RESIDENCE |
| OR INSTITUTION | Ac (ii iioi iii iiospiioi, gi | ve sireer oddress; | | d. SIREET AU | DKE22 | | | | 0 | N A FARM? |
| - | e e | | | 4: | d and filip | | | | YE | S NO |
| B. NAME OF DECEASED | Firs | it | Middle | Last | | DATE | Mont | th | Day | Year |
| (Type or print) | GEOR | GE. | - A | RMISTRAT | Jan | OF DEATH | Febru | 0.3031 | 27 | 1960 |
| 5. SEX | | 7. MARRIED NE | VED MADDIED | B. DATE OF BIRTH | | 9. AC | E (In veors | IF UNDER | YEAR IF | INDER 24 HRS. |
| | | | | | | los | t birthday) | Months | Days Ho | urs Min. |
| Male | 1177 7 0 0 | WIDOWED | DIVORCED _ | Dec. 7, | 1902 | | 57 yrs. | | | |
| during most of work | ON (Give kind of work d | one 10b. KIND OF B | BUSINESS OR INDU | JSTRY 11. BIRTHPLA | CE (State or fo | reign country | | 12. CITIZ | EN OF WH | AT COUNTRY? |
| | Engineer | | int | Hou | ston. | Texa | | 11 | SA | |
| 3. FATHER'S NAME | | | | 14. MOTHER'S M | | | | | W13 | |
| 0.000 | | - A C. | | | | | | | | |
| | e Armiste | | CUBITY NO | INFORMANT | l Hei | ner | Addr | | | |
| (Yes, no. or unknown) | (If yes, give war or dates of set | | | | | | | | | |
| No | - | 083 03 | 9567 M | Irs. Mild | ired S | towe | Armis | tead | . St. | Mich |
| 18. CAUSE OF DEA | TH [Enter only one cau | use per line far (a), (| | 0 | | | | | INTERVA | L BETWEENT |
| PART I. DEA | TH WAS CAUSED BY: | Com | 1111 | occlus | 100 | | | | ONSET | AND DEATH |
| 112 | IMMEDIATE CAUSE (o) | 20 00 | rung | cour | | | | | - | |
| 4001 | DUE TO | | | | | | | | 1780 | |
| Canditions, if a | | | | | | | | | | |
| gave rise to it | | | | | | | | | | |
| lying couse lost. | (c) | | | | | | | | | |
| Z PART II. OTH | IER SIGNIFICANT COND | DITIONS CONTRIBUT | ING TO DEATH BU | T NOT RELATED TO T | HETERMINAL | DISEASE CON | IDITION GIV | EN IN PART | 1(a) 19. V | AS AUTOPSY |
| PART II. OTH | | 10 5 | 11-11-11 | | | | | | | RFORMED? |
| | | <u> </u> | | | | | | | YES | □ NO M |
| OR CONTRIBUTING | ☐ CAUSE OF DEATH | 20b. DESCRIBE HOW | V INJURY OCCURRI | ED. (Enter nature at i | nlury in Part I | or Part II at | item IB.) | | | |
| (IF EITHER, NOTIFY | MEDICAL EXAMINER) | | | | | | | | | |
| d 00 =111= 0 = 1111 | Y Month, Doy, Yea | r 20d. INJURY OCC | CUPPED 20e P | LACE OF INJURY (He | me form 20 | of ICity on to | | 10 | ounty) | (State) |
| 20c. TIME OF INJUR | I Mollin, Doy, rea | 200. HAJORI OCC | CONNED 200. 1 | LACE OF INJUNT THE | ine, fulli, 20 | i. (City of Id | wn) | (C | GOIII71 | |
| | | While Nat v | while fo | octary, street, affice b | oldg., etc.) | i. (City of Id | wn) | (C | oomy, | |
| | 19 | | while fo | octory, street, affice b | oldg., etc.) | si. (city of to | wn, | (C | ,, | |
| Hour o.m. | | While Nat vat wark at wark | while fo | octary, street, affice b | oldg., etc.) | T. | | | | e deceased |
| Hour o.m. | 19 | While at wark at ward at wark deceased from | while fork P. M. | octory, street, affice b | to | | , 19, | that I las | st saw th | e deceased |
| Hour o.m. p.m. | 19 | While at wark at ward at wark deceased from | while fork P. M. | octary, street, affice b | toM, | fram the (| , 19, causes and | that I las | st saw th | e deceased |
| Hour o. m. p. m. 21. I certify the alive an | 19 | While at wark at ward at wark deceased from | while fork P. M. | octory, street, affice b | toM, | | , 19, causes and | that I las | st saw th | e deceased |
| Hour o.m. p.m. 21. I certify th alive an | 19 | While at wark at ward at wark deceased from | while fork P. M. | octory, street, affice b | toM, | fram the (| | that I las | st saw th | e deceased |
| Hour o.m. p.m. 21. I certify the alive an | 19 | While at wark at ward at wark deceased from | while fork P. M. | octory, street, affice b | toM, | fram the (| | that I las | st saw th | e deceased |
| Hour o. m. p. m. 21. I certify th alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) | at I attended the | While at work at work deceased from, 19 | while fork P. M. | nctory, street, affice b | toM, | fram the (| causes and | that I las d an the stote) | st saw th date sta | e deceased |
| Hour o. m. p. m. 21. I certify th alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 120. BURIAL, CREMATIO REMOVAL (Specify) | at I attended the | While at work at work of work | and that death | nctory, street, affice b | toM, ADDI | fram the (RESS (Street, Carlon) | causes and its or tawn, or taw | that I last d an the stote) | st saw th date sta | e deceased ated abave. |
| Hour o. m. p. m. 21. I certify th alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 20. BURIAL, CREMATIO REMOVAL (Specify) CREMATION | at I attended the | while at work of work | and that death | nctory, street, affice by the second of the | toM, ADDI | from the cases (Street, of the location) | causes and its or town, or tow | that I last d an the stote) | st saw the | e deceased ated abave. |
| Hour o. m. p. m. 21. I certify th alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 20. BURIAL, CREMATIO REMOVAL (Specify) CREMATION | at I attended the | While at work at work of work | and that death | h accurred at | to | from the cress (Street, control of the control of t | Causes and the or town, or tow | that I last d an the store) | st saw the | e deceased above. DATE SIGNED |
| Hour o. m. p. m. 21. I certify th alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIO | at I attended the | while at work of work | and that death | h accurred at | toM, ADDI | from the cress (Street, control of the control of t | Causes and the or town, or tow | that I last d an the store) | st saw the | e deceased above. DATE SIGNED |

VS A15 (4) 15M 9/5B

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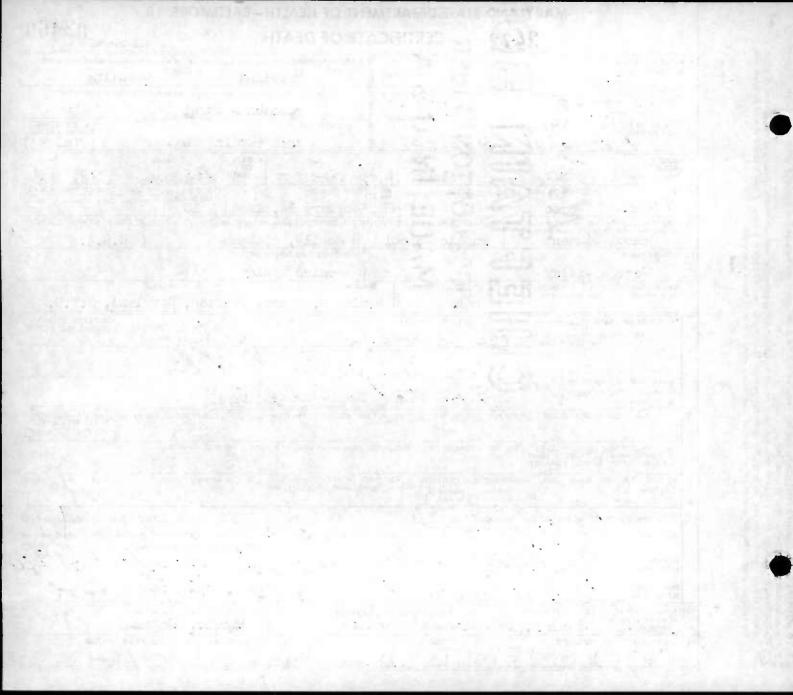
VS A1S (4) 1SM 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2472 CERTIFICATE OF DEATH

Reg. Dist. No. 02469

| 1 | | |
|---|---|---|
| | 1. PLACE OF DEATH a. COUNTY A/bo / MARYLAND | a. STATE Plaryland COUNTY Caroline |
| | b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) |
| | RURAL and give nearest tawn) EASTON 3/2 Nro. | Preston - Rural 05x-2 |
| | d. NAME OF HOSPITAL (If nat in haspital, give street address) | d. STREET ADDRESS e. IS RESIDENCE |
| 0 | or institution marial Hospital | Back Landing Road ON A FARM? YES NO □ |
| | 3. NAME OF DECEASED (Type or print) GEORGE Abner | BASSETT DEATH FEBRUARY 28 1960 |
| | S. SEX NAME 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED DIVORCED | 8. DATE OF BIRTH 9. AGE (In years last birthday) 15, 1945 15 yrs. 16 UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min. |
| | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU | STRY 11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| | School Student Public School | Mobile, Alabama U.S.A. |
| | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| | George Basley | Louise Basley |
| 1 | IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. | NFORMANT Address |
| | (Yes. no. or unknown) (If yes. give war or dates of service) None Le | ouise B. Abner, Preston, Maryland, R.F.D. |
| / | 18. CAUSE OF DEATH [Enter anly one cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which) | The mengety the ONSET AND DEATH |
| | gave rise to immediate cause (a), stating the under-lying cause last. DUE TO CC TO TO TO TO TO TO TO TO | amusitin |
| | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO |
| | 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | D. (Enter nature of injury in Part I ar Part II of item 18.) |
| | 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. p. m. 19 While Nat while at wark at wark | ACE OF INJURY (Hame, farm, ctary, street, office bldg., etc.) 20f. (City ar town) (Caunty) (State) |
| | 21. I certify that attended the deceased fram alive an | m.D. 2495 Street, city or town, stately Shall be stated above. |
| | 220. 8URIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) March 2, 1960 Oakland Come | |
| | 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE |
| | G. H.M Devid & S. J. Framolon and | Son DATEMAR 7 160 arthur S. Knows |



VS A1S (4) 1SM 9/55

2473 CERTIFICATE OF DEATH

N

Reg. Dist. No.

| 1. | LACE OF DEATH COUNTY | lbot | | MARYLAND | o. STATE | sidence (wi | 2 | d lived. If instituti b. COUNTY | | bot | re admis | sion) |
|---------------|--|---|-----------------------------|--|---|---------------------------|------------------------|---------------------------------------|------------|-----------|-----------|----------------------------|
| | RURAL and give ne | outside corporate limits, arest town) | write | c. LENGTH OF STAY IN 16 | 11/4 | s ton | outside corpo | prote limits, write R | URAL and | give ne | arest tow | n) |
| | OR INSTITUTION | AL (If not in hospitol, give • Harriso) | | | 11 | ADDRESS Har: | rison | | | | ON | SIDENCE A FARM? NO 🔯 |
| | NAME OF DECEASED (Type or print) | William | | Middle B • | Blackwe | 11 | 4. DATE OF DEATH | Februa | | 28 | | Yeor 19 60 |
| 5. : | Male | avent 0 1 | · MARRI | D DIVORCED | | | 882 | 9. AGE (In years rloss birthday) yrs. | Months | Days | Hours | ER 24 HRS. Min. |
| 100 | during most of work painter | ing life, even if retired) | 1 | kind of Business or inc House-paint | | race (Stote | | ountry) | | TIZEN C | | COUNTRY? |
| 13. | FATHER'S NAME | unknown | | | 14. MOTHER | 's MAIDEN I | | | | | | |
| | | IN U. S. ARMED FORCE | | | INFORMANT | Blac | ckwel | Add 1,N.Har | | n S | t., | Eas to, |
| CERTIFICATION | 20a. ACCIDENT WA | nmediate DUE TO (c) ER SIGNIFICANT CONDI | TIONS C | ONTRIBUTING TO DEATH B | | | | | /EN IN PAI | RT 1(o) 1 | PERF | AUTOPSY DRMED? |
| MEDICAL | 20c. TIME OF INJURY Hour o. m. p. m. | Month, Day, Year | 20d. IN While of work | _ Not while_ | PLACE OF INJURY foctory, street, off | (Home, formice bldg., etc | n, 20f. (Cit | y or town) | (| (County) | | (Stote) |
| 22 | ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) | P. Evans | . 19 (| ond that dea | th occurred o | En | M, from ADDRESS (S | m the causes of street, city or town, | ond on I | | te stot | ed obove. ATE SIGNED |
| | REMOVAL Specify) | 3/3/60 | | 22c. NAME OF CEMETERY Hill ADDRESS | Ceme to | | D BY REGIS | TRAR 24b. REGI | 0.000 | · F | 4570 | N Mo |

MARYLAND STATE DEPARTMENT OF MEALTH-BALTIMORE, TH

| | | ATE OF DEAT | DENTHEO CERTIFIC | | |
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| | No. of Concession, Name of Street, or other | | | | |
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| 1 100 | | MARTLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 | 02471 |
|---|----------|--|---|
| (M | | 2474 CERTIFICATE OF DEATH Reg. Dist. | No./- |
| Page director | 1. | PLACE OF DEATH o. COUNTY 2. USUAL RESIDENCE (Where deceosed lived. If institution: Resilience of STATE) b. COUNTY B. COUNTY D. CO | before politication) |
| funeral uld be f | | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EASTON 8 NV. C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | nearest town) 0913-2 |
| by the | | d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Memorial Hospital Hospital | e. IS RESIDENCE ON A FARM? YES NO |
| in 24 ha filled in ges 1 an | | NAME OF DECEASED (Type or print) BADY First DIRI BRYAN 4. DATE OF DEATH FELL | Day. Yeor 1960 |
| ed with | 7 | - EMALE White WIDOWED DIVORCED 2-5-60 lost birthdoy) Whonths Di | YEAR IF UNDER 24 HRS |
| and com | | during most of working life, even if retired) — Maryland | N OF WHAT COUNTRY |
| rsician a | | KONALD BRYAN 14. MOTHER'S MAIBEN NAME LOUCK 4 | or Rettin |
| th certify ding physics remonant 72 ho | | WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (If yes, give war or dates of service) | nd |
| the deol | | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) | INTERVAL BETWEEN ONSET AND DEATH |
| es that ed by th mit. Th any eve | | Conditions, if ony, which gove rise to immediate (b) Auble way future | |
| requir | z | couse (o), stoting the <u>under-</u> lying couse lost. (c) | 10 WAS AUTORS |
| g physic g physic has be urial-tro | FICATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II or Port II of item 18.) | (o) 19. WAS AUTOPSY PERFORMED? YES NO |
| attendin rtificate as the b an, or re | AL CERT | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | unty) (State |
| G PHYS oital or this ce for use cremating | MEDICAL | Hour o. m. p. m. While Not while of work of work foctory, street, office bldg., etc.) | |
| the hasp R: Afte tached burial, | | 21. I certify that I attended the deceased fram. 18.5, 19.50, ta 18.5, 19.50 that I last alive on 18.5, 19.50, and that death accurred at 19.50 M, from the causes and an the causes and an the causes and an the causes are alive on 18.5 (Street, city or town, stote) | saw the deceased date stated above DATE SIGNE |
| DIRECTO | | ACTUAL BONDOWOWILLIAMS M.D. 205 FON CAYE FOR | (w note |
| SPITAL De reta JERAL 3 shau gistrar | 220 | PHYSICIAN'S NAME (Type) Barbara Williams -205 Farle Ave Faston, Mary Description, 226. Date Phereof 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) | |
| o HO O FUN Page the re | Jan. | cineralian 2/9/60 memorial Hospital washingtonft. Easton | , ma |
| VS A15 (4) 15M 9/58) | 23. | FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAR'S SIGN DATE 240. REGISTRAR'S SIGN Cuthur &. | |
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

21.75

02470

| | Fel | 310 | 4 21(111 | | | | Reg. Dist | . No. |
|---|---|--------------------------------|----------------------------|-------------|---|------------------------|-----------------------------|--|
| o. COUNTY | hot | | MARYL | | SUAL RESIDENCE (W. STATE | | . If institution: Residence | e befare admission) |
| b. CITY OR TOWN (I RURAL ond give no | If outside carporate lim earest tawn) | its, write | c. LENGTH OF STAY IN | V 16 (| | | mits, write RURAL and gi | |
| d. NAME OF HOSPIT OR INSTITUTION | TAL (If not in hospital, | give street | 5 yrs | | Easton d. STREET ADDRESS | | | e. IS RESIDENCE ON A FARM? |
| 129 1 | Locust St. | | | | 129 | Locust S | t. | YES NO |
| NAME OF DECEASED (Type or print) | | rst | Middle | W V | Last | 4. DATE OF DEATH | Month | Day Year |
| SEX | 6. COLOR OR RACE | 7. MAPP | IED TNEVER MARRIED | BRY | TE OF BIRTH | 9. AG | E (In years IF UNDER 1 | YEAR IF UNDER 24 H |
| nale | white | WIDOWE | | - | g. 2, 1883 | los | 4 1 41 1 | Doys Hours Min |
| during most of war | ON (Give kind of work king life, even if retired | done 10b. | KIND OF BUSINESS OR | INDUSTRY | 11. BIRTHPLACE (Stote | | | U. S. |
| . FATHER'S NAME | | | | 14. | MOTHER'S MAIDEN | | | U. D. |
| Robert I | F. Bryan | | | 14 | Annie H | the same | | |
| | R IN U. S. ARMED FOR | RCES? 16. | SOCIAL SECURITY NO. | INFOR | | | Address | |
| res, no, or unknown) | (If yes, give war or dates of | service) | 9-14-3021 | | . Burton B | Response | | ма |
| T | | | | 1111 2 | • Dur con D | . Diyan | Easton, | Md. |
| | ATH [Enter only one co | use per lir | ne for (o), (b), and (c).] | m | 0 | 0 | 1 | ONSET AND DEATH |
| PART I. DEA | TH WAS CAUSED BY: IMMEDIATE CAUSE (| 2) | acente | 1/4 | ocardon | (ding | archeon | acute |
| 1420 | DUE TO | | | 1 | | 20 | | |
| Conditions, if o | ny which | - | | 0 | Tem | ole | | nean |
| gove rise to i | mmediate | | mary | 2 | Vienos | - Committee | | 1 |
| couse (o), stoting | |) | 77.0 | 1 | 6 6 | T. | 0 | 111- |
| lying cause lost. |) (0 | :) | 1 Junes | arry | cat ar | Marione | ureres | 1000 |
| PART II. OTH | HER SIGNIFICANT CON | IDITIONS C | ONTRIBUTING TO DEAT | TH BUT NOT | RELATED TO THE TERM | IINAL DISEASE CON | IDITION GIVEN IN PART | 1(a) 19. WAS AUTOP PERFORMED? YES NO |
| (IF EITHER, NOTIFY | AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DESC | CRIBE HOW INJURY OCC | CURRED. (En | ter nature of injury in | Port I or Part II of | item 1B.) | |
| 20c. TIME OF INJUR Hour o. m. | Y Month, Doy, Ye | ear 20d. It While at war | Nat while | | OF INJURY (Hame, farr street, office bldg., et | | wn) (Ce | ounty) (Sto |
| p. m. | | ur war | k ot wark | / // | e- | 7/10 | 15 | |
| 21. I certify th | at I attended the | deceas | ed from | /6 | , 192/, ta | 4/17 | , 19 <u>60</u> ,that I las | t saw the deceas |
| alive an | 4/19 | , 19_(| o, and that a | death acc | urred at 7 | M, fram the o | causes and an the | date stated abar |
| | 1 | () | 1) | | , , | ADDRESS (Street, o | | DATE SIGN |
| ACTUAL SIGNATURE | . 4/ - (| 36 | uder | MD | 12 11 | , HAN | son En | som me |
| JIGHAI ORE | / | 1 | | M.D. | | | | 2/2 |
| PHYSICIAN'S NAME (Type) | Dr. L. J. | Egls | eder 12 | N. H | anson St. | East | on. Md. | 12 |
| a. BURIAL, CREMATIC | | | 1 | | | | City, town, or caunty) | 16+-+-1 |
| REMOVAL (Specify) | | | 22c. NAME OF CEMET | | | | 3.5 3 1 | (State) |
| | | 300 | Spring H | HII C | | Easto | - | |
| FUNERAL DIRECTOR | | ~ | ADDRESS | | | D BY REGISTRAR | 24b. REGISTRAR'S SIG | |
| Maurice E. | Newnam & | Son | Easton. | Maryla | and DATE | B 2 4 '60 | Chilling S. 7 | Traus |

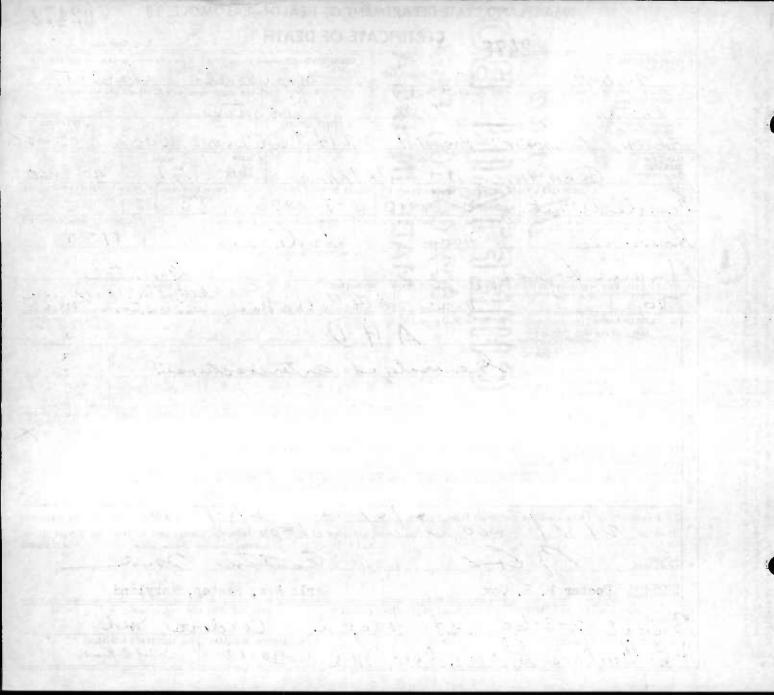
VS A15 (4)

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death. Page 4

VS A1S (4) 1SM 9/SB

| 247 | CERTIFIC | CATE OF DEATH | | Reg. Dist. N |). | |
|--|---|--|--|--|--|--|
| PLACE OF DEATH o. COUNTY TAlbot | MARYLANI | O STATE | | | are admissi | an) • |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) EASTON | 1 day | c. CITY OR TOWN (IF of | oside corporote limits, wr | ite RURAL and give n | earest tawn) | |
| d. NAME OF HOSPITAL (If not in haspital, give stree OR INSTITUTION EASTON MEMORIA | HOSPITAL | d. STREET ADDRESS 214 Tree | lavon | ave | | DENCE FARM? NO 🗗 |
| NAME OF DECEASED (Type ar print) (TERAIDINE | Middle | PAllAhAn | 4. DATE OF DEATH | Month E | | 960 |
| 5 0 1 0 . | | 3 -9-189 | lost birthde | ay) Manths Doys | | R 24 HRS. Min. |
| foring most of working life, even if retired) | NOVE | DUSTRY 11. BIRTHPLACE (State | or foreign country) | | | OUNTRY? |
| Janiel Lynch | | | IAME | Bechtol | 2, | |
| WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (s. no. or unknown) (If yes, give wal or dates of service) | | | Ran 214 | Address Cer | on le | ive |
| PART I. DEATH WAS CAUSED BY: | line far (a), (b), ond (c). | H. D | | | | |
| Conditions if any which | Senuale | is arter | ivaclusa | 45 | 7 | |
| gove rise to immediate couse (a), stating the under-lying cause lost. | * | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH E | UT NOT RELATED TO THE TERMI | NAL DISEASE CONDITION | GIVEN IN PART 1(0) | 19. WAS A PERFOR | RMED? |
| 20a. ACCIDENT WAS UNDERLYING ☐ CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | SCRIBE HOW INJURY OCCUI | RED. (Enter nature of injury in P | Part I or Port II of item 1B. | .) | | |
| Havr a.m. Whil | e _ Not while | | | (County | ') | (State) |
| 1. 1. 1. 1. 1 | 11 | 4/, 1960, to | / / | | | |
| ACTUAL 3 | - C | , | | | | E SIGNED |
| | x | Earle Av | e. Easton, M | aryland | | |
| O BURIAL CREMATION 22b. DATE THEREOF | 22c. NAME OF CEMETERY | OP CPEMATORY | 22d. LOCATION (City, ta | wn, or county) | (State | 2) |
| SEMOVAL (Specify) | St. to | Leph | Cordova | , med | | |
| | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) A. NAME OF HOSPITAL (If not in haspital, give stree OR INSTITUTION EASTON MAME OF First DECEASED (Type ar print) SEX 6. COLOR OR RACE WIDOV a. USUAL OCCUPATION (Give kind of work done) Odring most of working life, even if retired) FATHER'S NAME WAS DECEASEDEVER IN U. S. ARMED FORCES? If yes, give wa(x dates of service) IB. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) USUAL OCCUPATION (Give kind of work done) The part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 201. I certify that I attended the deceadalive an p. m. 21. I certify that I attended the deceadalive an p. m. PHYSICIAN'S Doctors D. F. Co. | PLACE OF DEATH o. COUNTY ABOUT b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 18 RURAL and give nearest town) A. MAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION EASTON MEMORIA HOSPITAL Middle DECEASED (Type ar print) SEX 6. COLOR OR RACE WIDOWED DIVORCED DIVORCED AUGUAL OCCUPATION (Give kind of work done of work done of working life, even if retired) WAS DECEASED EVER IN U. S. ABMED FORCES? AND UNKNOWN III (Bys., give work) dates of service) WAS DECEASED EVER IN U. S. ABMED FORCES? IB. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY OR CONTRIBUTING CAUSE OF DEATH (IF FITHER, NOTIFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING OF DEATH (IF FITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH HOUr a. m. P. m. 19 While Not while of work of work of the deceased fram. 19 ON ACCIDENT WAS I Attended the deceased fram. 21. I certify that I attended the deceased fram. 21. I certify that I attended the deceased fram. 21. I certify that I attended the deceased fram. 22. ACCIDENT'S Decease OF DEATH CONTRIBUTINE CONTRIBUTINE CONTRIBUTINE PHYSICIAN'S Decease OF DEATH CONTRIBUTINE C. C. ENGRED OF STAY IN THE CAUSE OF DEATH CONTRIBUTINE CONTRIBUTIN | PLACE OF DEATH O. COUNTY O | D. COUNTY Control County Control County Control County Control County Control County Control County Control County Control County Control County Control County Control County Control County Count | PLACE OF DEATH C. COUNTY MARYLAND 2. USUAL RESIDENCE (Where doceased lived. If institution. Residence before. STATE MARYLAND) D. CITY OR TOWN If outlide corporate limits, write C. LENGTH OF STAY IN 1b C. CITY OR TOWN If outlide corporate limits, write C. LENGTH OF STAY IN 1b C. CITY OR TOWN If ordide corporate limits, write C. LENGTH OF STAY IN 1b C. CITY OR TOWN If ordide corporate limits, write RURAL and give not considered to the constitution. C. CITY OR TOWN If ordide corporate limits, write RURAL and give not considered to the constitution. C. CITY OR TOWN If ordide corporate limits, write RURAL and give not considered to the constitution. C. CITY OR TOWN If ordide corporate limits, write RURAL and give not considered to the constitution. C. CITY OR TOWN If ordide corporate limits, write RURAL and give not considered to the constitution. C. CITY OR TOWN If ordide corporate limits, write RURAL and give not considered to the constitution. C. CITY OR TOWN If ordide corporate limits, write RURAL and give not considered to the constitution. C. CITY OR TOWN If ordide corporate limits, write RURAL and give not considered to the constitution. C. 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CUTY OR TOWN (If outlide corporate limits, write RURAL and give neorest form) C. CUTY OR TOWN (If outlide corporate limits, write RURAL and give neorest form) C. CUTY OR TOWN (If outlide corporate limits, write RURAL and give neorest form) C. CUTY OR TOWN (If outlide corporate limits, write RURAL and give neorest form) C. CUTY OR TOWN (If outlide corporate limits, write RURAL and give neorest form) C. STATE C. CUTY OR TOWN (If outlide corporate limits, write RURAL and give neorest form) C. STATE C. CUTY OR TOWN (If outlide C. CUTY OR TOWN) (If outlide C. CUTY OR TOWN) C. STATE C. STATE C. ADATE C. ADATE |



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2177 CERTIFICATE OF DEATH

| _ | | eg. | | | | | |
|---|----------------|-----|---------|----|----|---|---|
| 1 | | Reg | Dist. N | () | 24 | 7 | 3 |
| | D/10/11/10/10/ | | | | | | |

| N211 | CERTITION | TIE OI DEATH | | Reg. Dist. | No. |
|--|--------------------|---|--------------------------|--------------------------|--|
| o. COUNTY Pallat | MARYLAND | 2. USUAL RESIDENCE (Who | | institution: Residence L | pefore admission) |
| b. CITY OR TOWN (If outside corporate limits, write RURAL chargive restress flown) | O. A. | c. CITY OR TOWN IN on | itside corporate limits, | write RURAL ond give | nearest town) |
| d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Appareal Assignment | 1 | 3 mg // Cl | reslington | nSt. | e. IS RESIDENCE ON A FARM? YES NO |
| 3. NAME OF DECEASED (Type or print) Charles First | Middle | Perfector | 4. DATE OF DEATH | Month | Day Yeor 19 60 |
| 6. COLOR OR RACE 7. MARRIED AN WIDOWED | DIVORCED | 8. DATE OF BIRTH | 9. AGE (In lost big) | | FAR IF UNDER 24 HRS. |
| 100. USUAL OCCUPATION (Give kind of work done 105 KIND OF during nost of working life even if retired) | Maked Co | STRY 11. BIRTHPLACE (Stote of | or foreign country) | 12. CITIZE | OF WHAT COUNTRY |
| 3. FATHER STRAME | ester | 14. MOTHER SMAIDEN N. | Fleeter | | |
| S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL S (Yes, np. or, unknown) (If yes, give war or dated of society) (III yes, give war or dated of society) | 7-4-702 | Mes Q. n.C | Pondenter | Address | n hed |
| PART I. DEATH [Enter only one couse per line for (6), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) | , (b), ond (c)-] | ary The | 1 | | NTERVAL BETWEEN |
| Conditions, if ony, which gove rise to immediate coese (a), stating the under-lying cause lost. | tosel | Brotes (| 37 | -, D is | ~ / \ |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU | JTING TO DEATH BUT | NOT RELATED TO THE TERMIN | VAL DISEASE CONDITION | ON GIVEN IN PART 1(a | PERFORMED? YES NO |
| OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | W INJURY OCCURRE | D. (Enter noture of injury in P | ort I or Port II of item | 18.) | |
| 20c. TIME OF INJURY Month, Day, Year Hour o. m. While Not of work of work | t while to | ACE OF INJURY (Home, farm, clary, street, office bldg., etc.) | 20f. (City or town) | (Cour | nty) (Stote) |
| 21. I certify that I attended the deceased from alive an | | , 19 46, ta == | | uses and an the | t saw the deceased date stated abave DATE SIGNES |
| PHYSICIAN'S NAME (Type) | | | \ | / | |
| POR BURIAL CREMATION, 22b. DATE THEREOF 22c. N. REMOVAL (Specify) | Thing of | CREMATORY COLOR | 22d OGATION (City. | town, or county) | (State) |
| 23. FUNERAL DIRECTOR'S SIGNATURE | press / | nd DATE MA | | Cuithy S. 90 | |

most little of the following the special of the control of the con TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Fage 4

| | | A CHINADA | |
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To Reporter

mnosurting.

ADDRESS

24a. REC'D BY REGISTRAR

DATE FEB 2 9 '60

24b. REGISTRAR'S SIGNATURE

Orthur S. Krans

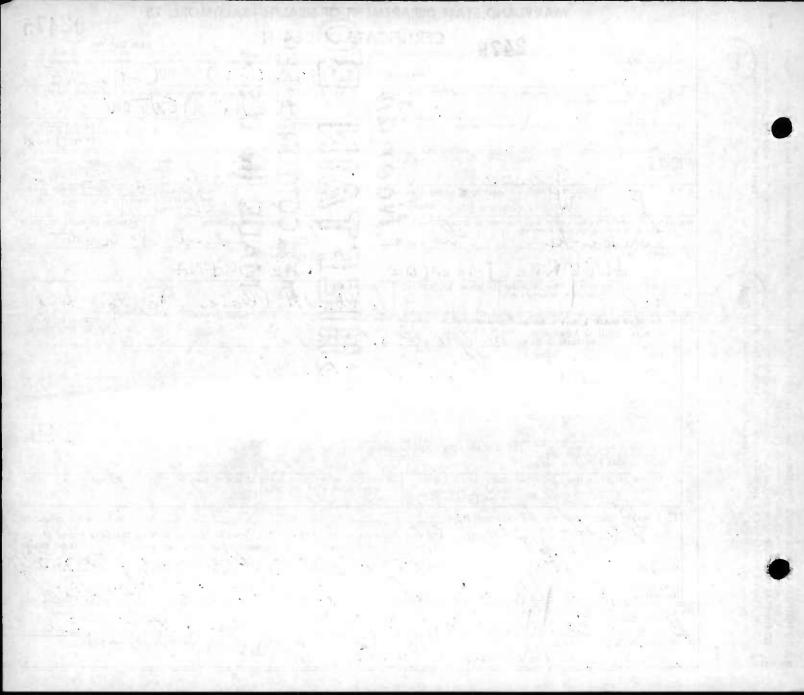
VS A15 (4) 15M 9/SB

23. FUNERAL DIRECTOR'S SIGNATURE

AND STATE OFFICE AND CONTRACTORS OF THE CONTRACTORS

THE RESERVE OF THE PARTY OF THE

| MARYLAND | STATE DEPARTM | IENT OF HEALTH | I—BALTIMO | DRE, 18 | 02475 |
|---|---------------------------------------|--|--------------------------|------------------------|---|
| 247 | CERTIFICA | ATE OF DEATH | | Reg. Di | 0 - 1 - 0 |
| 1. PLACE OF DEATH o. COUNTY To bot | MARYLAND | 2. USUAL RESIDENCE (Who o. STATE ARU | | If institution Residen | ice befare admission) |
| b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If o | utside corporate lim | its, write RURAL and | give nearest tawn) 0.5X-2 |
| d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION | et address) | d. STREET ADDRESS | | | e. IS RESIDENCE ON A FARM? YES NO |
| 3. NAME OF DECEASED (Type or print) | Middle | 1/COUCS | 4. DATE OF DEATH F | Manth | Day Year 2 2 19 4 0 |
| | RRIED NEVER MARRIED DIVORCED DIVORCED | B. DATE OF BIRTH | 90 9. AGE last | | 1 YEAR IF UNDER 24 HRS. Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of wark done 10) during most of working life, even if retired) | b. KIND OF BUSINESS OR INDU | STRY 11. BIRTHPLACE (State | or fareign country) | d 12.CIT | IZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME ALBORT - | THOM AS | 14. MOTHER'S MAIDEN N | MIN | VA Tun | len |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dales of service) | 6. SOCIAL SECURITY NO. | Sebur H. | Cleaves | Address | Tow, had. |
| 18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | line for (a), (b), and (c),) | /emis | | | INTERVAL BETWEEN ONSET AND DEATH |
| 446 X DUE TO | Nertra | sclesos | ic | | |
| Canditions, if any, which gave rise to immediate couse (a), stating the <u>under-lying cause last.</u> (b) DUE TO (c) | 71 471130 | 70,000 | > | | |
| PART II. OTHER SIGNIFICANT CONDITIONS 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER) | CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMI | NAL DISEASE COND | ITION GIVEN IN PAR | PERFORMED? YES NO |
| | SCRIBE HOW INJURY OCCURRE | D. (Enter nature of injury in F | Part I ar Part II af it | em 1B.) | |
| Haur a.m. Whil | | ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc. | | n) (| Caunty) (State) |
| 21. I certify that I amended the deced | 1 | 19, to | 4 | | ost sow the deceosed |
| ACTUAL SIGNATURE | | | ADDRESS (Street, cit | | DATE SIGNED |
| PHYSICIAN'S F.C. H.S | chimiat | EZY | 67/ | G/Ma | sylvend |
| 220. BURIAL, CREMATION, 226 DATE THEREOF REMOVAL (Specify) | 22c. NAME OF CEMETERY CO | e e | near | ity, town, or county) | (State) |
| 23. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS Deri | 240. REC' | EB 25 TRAB | 24b. REGISTRAR'S SI | GNATURELA |



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2480 CERTIFICATE OF DEATH director, iled with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed a. COUNTY b. COUNTY MARYLAND funerol b. CITY OR TOWN (If autside carporate limits, write c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 pe RURAL and give nearest tawn) should RASONVI d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION 67 2 NAME OF Middle 4. DATE Month DECEASED DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 5. SEX 9. AGE (In years last birthday) WIDOWED T DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY cam during mast of working life, even if retired) and RETIRED WATERMAN STERTOWN 13. FATHER'S NAME physicion 00 mave WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Address attending deoth 18. CAUSE OF DEATH [Enter only one cause per lime for (a), (b), and (c).] ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO P Canditions, if any, which signed gave rise to immediate DUE TO cause (a), stating the underlying cause last. ottending physician. buriol-tronsit peen PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) certificote 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) 20d. INJURY OCCURRED factory, street, affice bldg., etc.) While Not while 19 at wark at wark 21. I certify that _____, 19__, that I last saw the deceased deceased alive an M, fram the causes and on the date stated above. 80 ACTUAL pri shauld moy be re-PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL CREMATION. 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Dereus DURIA 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/5B

02476

e. IS RESIDENCE

Day

F UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO T

> > (State)

DATE SIGNED

(State)

(County)

arthur & Kraus

DATE EB 2 3 '60

ON A FARM?

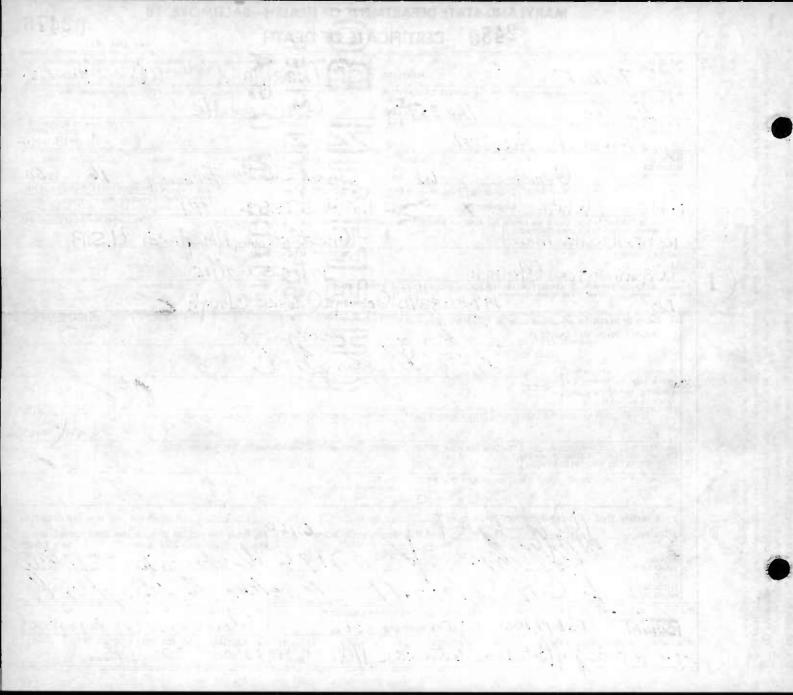
YES NO TO

Year

1960

Rea. Dist. No.

Months



ADDRESS

233 FUNERAL DIRECTOR'S SIGNATURE

24o. REC'D BY REGISTRAR

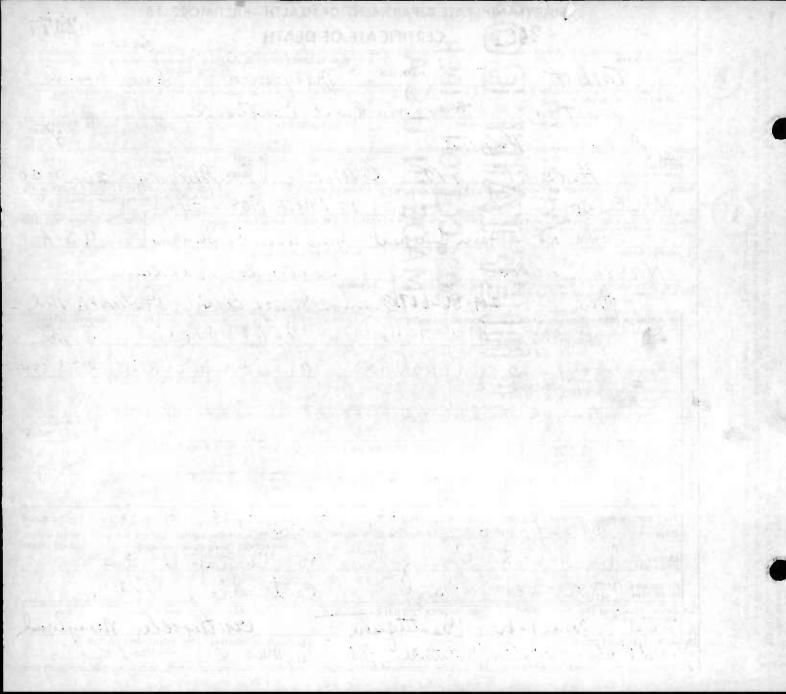
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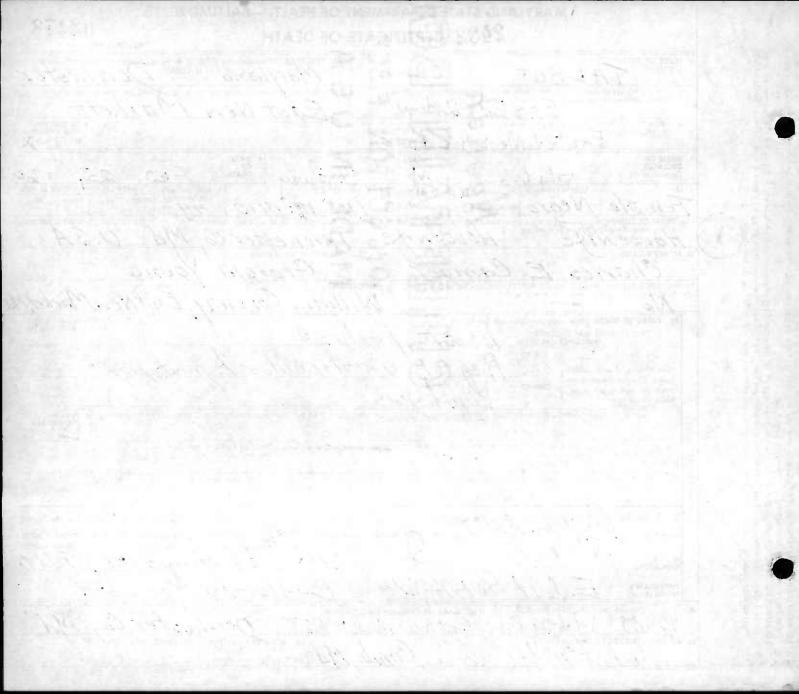
24b. REGISTRAR'S SIGNATURE

Circher S. Kraus

requires

VS A15 (4) 15M 9/5B





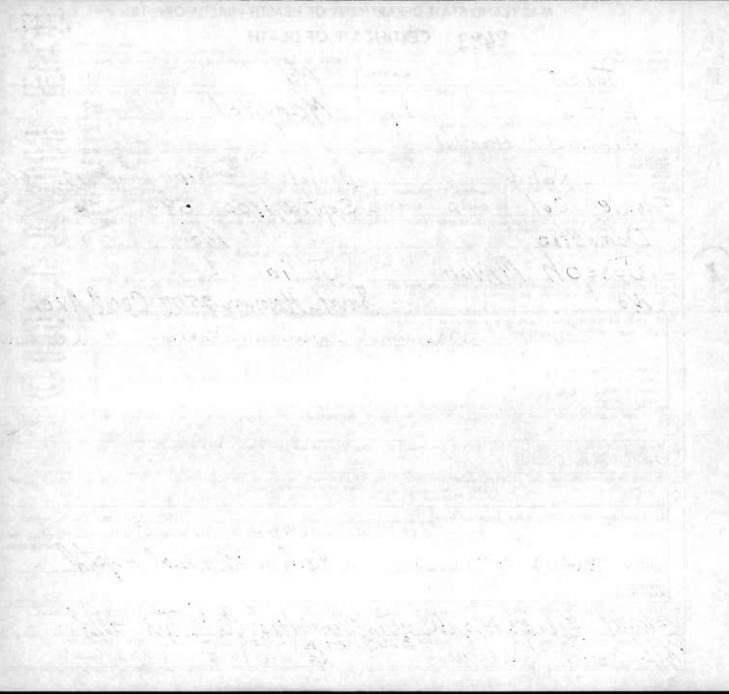
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2483 CERTIFICATE OF DEATH

8 ()2479

| | 79 22 () | ~ | | | Keg. Dist. 140 | J |
|--------------------------|---|----------------------------|---|--|---------------------|--|
| 1. PLACI | E OF DEATH UNITY To 1 b T | MARYLAND | D. STATE | here deceased lived. If ins b. COU | | |
| b. CIT | Y OR TOWN (If outside corporate limits, write | c. LENGTH OF STAY IN 1b | CITY OR TOWN (IF | autside corposate limits, wr | | |
| | RAL and give nearest town) | 101 | Many | del | 15 | TV D |
| d. NA | AME OF HOSPITAL (If not in hospital, give street | address) / 2 Chys | d. STREET ADDRESS | 70/ | 00 | e. IS RESIDENCE |
| OR | Memorial Hosp | 1/2/ | d. Since i Abbyess | | | ON A FARM? YES NO |
| 3. NAMI DECE (Type | E OF First Or print) | Middle | Daniels | 4. DATE OF DEATH FOR | Month D | Oay Year 17. 1960 |
| 5. SEX | Mor 18 6. COLOR OR RACE 7. MARY | | 8. DATE OF BIRTH | 9. AGE (In y | | Hours Min. |
| 10a. USU duri | JAL OCCUPATION (Give kind of work done 10b. no most of warking life even if retired) | KIND OF BUSINESS OR INDU | STRY V. BIRTHPLACE (Stote | or foreign country) | 12. CITIZEN C | OF WHAT COUNTRY? |
| 13. FATH | Tlagenh Min | AH | 14. MOTHER'S MAJDEN | NAME 9 | | |
| 15. WAS {Yes, no, o | | SOCIAL SECURITY NO. | MFORMANTS HAVE | non, 2577 | Address | AVP. |
| Ca ga cau lyir | PART 1. DEATH Enter only ane cause per li PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Inditions, if ony, which ve rise to immediate use (o), stating the under- ng cause lost. CAUSE OF DEATH (b) DUE TO DUE TO CC DUE TO | ne for (o), (b), and (c).] | l carcine | matoris | | TERVAL BETWEEN NSET AND DEATH LINKHOUN |
| CERTIFICATION OB COST | PART II. OTHER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERM | IINAL DISEASE CONDITION | GIVEN IN PART 1(a) | 19. WAS AUTOPSY PERFORMED? YES NO S |
| | ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH ITHER, NOTIFY MEDICAL EXAMINER) | CRIBE HOW INJURY OCCURRE | D. (Enter noture of injury in | Part I or Port II af item 18 | .) | |
| WEDICAL 20c. | TIME OF INJURY Manth, Doy, Year 20d. I Hour o. m. While p. m. 19 ot wor | Nat while fa | ACE OF INJURY (Home, farr ctory, street, office bldg., etc | | (County | (State) |
| 21. | I certify that I attended the deceas | ed fram | , 19, ta | , 19 | ,that I last sa | w the deceased |
| aliv | ve an, 19_ | , and that death | accurred at 9:35 / | M, fram the causes | and an the dat | e stated abave. |
| ACTI | UAL Robert W. T | rever | MD Eastern | ADDRESS (Street, city or to | Haspital | DATE SIGNED |
| PHY: | SICIAN'S AE (Type) | | | 5 (2) and up has SPUREA (8, do 47 and an also as as as as as | | |
| 220. BUR | ITAL, CREMATION, 226, DATE THEREOF OVAL (Specify) | 22c. NAME OF CEMETERY C | RECRIMATORY Pull | 22d. ISCATION (City | LS COUNTING | (State) |
| 23-FUNE | RAL DIRECTOR'S SIGNATURE | ADDRESS 3 25 97. | Consolate 240. REC | D BY REGISTRAR 24b. I | REGISTRAR'S SIGNATI | URE |
| 11/1/ | 1 / Well M. Will | leem | DATE | 3 2 5 '60 | Lithur S. House | A |



0 VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02486 Rea. Dist. No. 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Queen Anne c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO TA Year 19 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days 12. CITIZEN OF WHAT COUNTRY? U.S.A. Chester, Maryland INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO | (County) (State) ____, 19___,that I lost saw the deceased M. from the couses and on the date stated above. 22d. LOCATION (City, town, or county) (State) Delaware 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Cialling & Flores

C NUMBER OF STADESTADES Andreada and a second

FOR STATE HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any deloy is necessary, please execute the cellulate, writing the ward "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral ellulation. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for Juri files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

VS. A15ME 5M 2/57

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2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2501 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02481

| | 2001 | Reg, Dist, No. |
|---------------|--|--|
| 1. | COUNTY ALOO - MARYLAND | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARY (2Nd b. COUNTY + A bot |
| ı | CITY OR TOWN (If outside corporate limits, write EURAL ond give nearest town) | c. CITY OR TOWN (If autiside corporate limits, write RURAL and give nearest town) |
| | NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give streef address) | d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO |
| | NAME OF First Middle DECEASED Type or print) JAMES E | Month Doy Year OF DEATH 2 2 1960 |
| 5. | MARRIED 6. COLOR OR RACE 7. MARRIED PREVER MARRIED 6. MARRIED DIVORCED 1 | DATE OF BIRTH 1 - 18 - 03 9. AGE (In years lost birthday) 5 7 yrs. 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min. |
|) | USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12 A B B Y C Y FARM LAND | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. CITIZEN OF WHAT COUNTRY? 14. S.A. |
| /13. | FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| 15. Ye | WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN [H yes, give wor or dotes of service] | re Viela Elmo Wee Mills Ind. |
| | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] | drowing Interval between ONSET AND DEATH |
| | 929 DUE TO Conditions, if any, which (b) | |
| | gave rise to immediate cause (a), stating the underlying cause last. (c) | |
| CERTIFICATION | PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N | OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO SK |
| | 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (E) CAUSE OF DEATH. | inter noture of injury in Port 1 or Part II of item 18.) iring pation pond + drowned |
| MEDICAL | 20c, TIME OF INJURY Month, Doy, Year 20d. INJURY OCCUMED 20e. PLAC Hour o. m. p. m. 7-7(1960 at work at work | CE OF INJURY (Home, form, 201. (Oity or town) (County) (Stale) by, street, affice bldg., etc.) Term NV Nye Mills Telbot M |
| | 21. I certify that I took charge of the remains described about opinion death resolted from: Natural causes , Accident | ve, held an Autopsy [], Inspection [], Inquiry [], and in my |
| | ACTUAL La. Mut | CHIEF MEDICAL EXAMINED DATE SIGNED |
| | EXAMINER'S WELT NAME (Type) | ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 2-24-60 |
| 720 | BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify) 2/25/60 St. Paul Co | |
| 23. | FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE |

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| | | | Tables 1 |

may be retain by the haspital ar attending physician. O FUNERAL L. TOR: After this certificate has been signed by the attending physician and campletely filled in by funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, ar removal, and in any event within 72 hours offer death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2502

CERTIFICATE OF DEATH

4983 Reg. Dist. No.

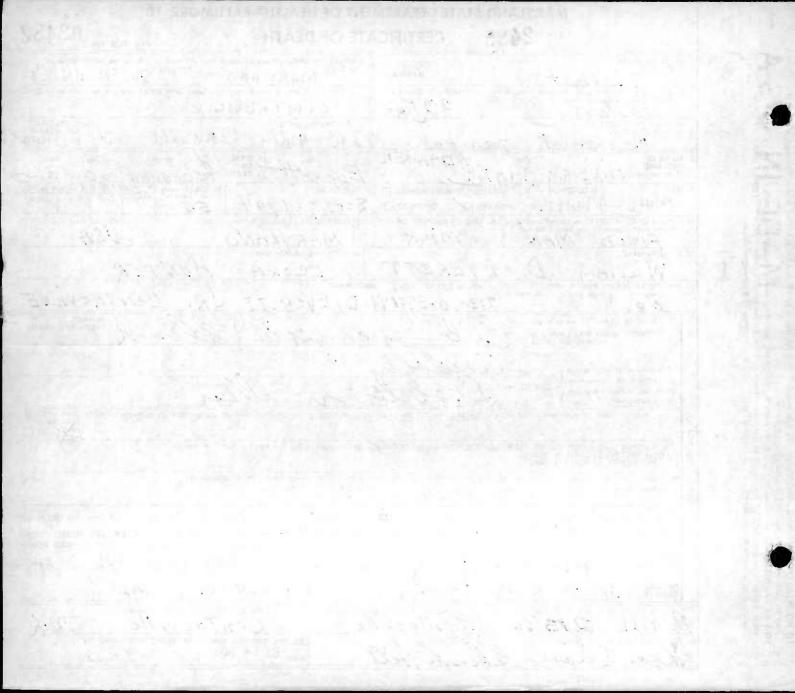
| 1. PLACE OF DEATH o. COUNTY | albot | | MARY | YLAND | a. STATE | pence (Wi | | lived. If instituti b. COUNTY | | hot. | re odmiss | ian) |
|--|--|-------------------------------|------------------------------------|----------|---|--------------------------|----------------|------------------------------------|------------|-----------|------------|---|
| RURAL and give ne | | ts, write | c. LENGTH OF STAY | | c. CITY OR 1 | TOWN (If a | outside carpor | rate limits, write R | URAL and | give nec | arest tawr |) |
| d. NAME OF HOSPIT OR INSTITUTION | Cordova AL (If not in hospital, g Main St. | ive street | 72. | 5 | d. STREET A | ordov obress ain S | | | | | | IDENCE FARM? |
| 3. NAME OF | Fir | st | Middle | | Los | | 4. DATE | Mar | ith | Do | | Year |
| (Type ar print) | Theod | | Henry (| | | | OF DEATH | Febru | | 23 | • | 19 60 |
| 5. SEX | 6. COLOR OR RACE | 7. MARR | IED NEVER MARRI | ED 🔲 | 8. DATE OF BIRTH | | | 9. AGE (In years lest birthday) | | 1 YEAR | IF UNDE | |
| male | white | WIDOW | ED DIVORCE | D 🗀 | March : | 22, | 1904 | 55 yrs. | Months | Days | Hours | Min. |
| 10a. USUAL OCCUPATION during most of work | ing life, even if retired | | | Chui | | ACE (State | ar fareign ca | untry) | 12. CI | TIZEN O | F WHAT | COUNTRY |
| 13. FATHER'S NAME | | | | | 14. MOTHER'S | | NAME | | | ODA | | |
| Lewis | Ernst | | | | Ma: | rie (| Casper | 2 | | | | |
| 15. WAS DECEASED EVE | R IN U. S. ARMED FOR | CES? 16. | SOCIAL SECURITY NO | D. 17. I | NFORMANT | | occop o | Add | ress | | | |
| (Yes. no. or unknown) | none | u. | kn | M | rs. Mon: | ica 1 | Ernst | , Cordo | va, | Mar | ylar | nd |
| | mmediate (|) | Caure | | Hunu b | mi | | | | ONS | ERVAL BE | DEATH |
| 200. ACCIDENT WA | S UNDERLYING C CAUSE OF DEATH MEDICAL EXAMINER) | | CRIBE HOW INJURY C | | | | | | /EN IN PAI | RT 1(a) 1 | PERFO | AUTOPSY PRMED? NO |
| <u></u> | Y Month, Day, Ye | or 20d. It While at war | NJURY OCCURRED Not while of work | 20e. Pl | ACE OF INJURY (I ctary, street, affice | Home, form bldg., etc | n, 20f. (City | or tawn) | (| Caunty) | | (State) |
| actual signature Physician's | Thurston | Haw | esa. | t death | n accurred at | | M, fram | | and an t | | te state | deceased ed abave ATE SIGNES FUBLO |
| 22a. BURIAL, CREMATIO REMOVAL (Specify) | |)F | 22c. NAME OF CEM | NETERY C | R CREMATORY | | 22d. LOCAT | ION (City, town, | or county) | | (Stat | e) |
| Burial 23. FUNERAL DIRECTOR | 2/26/6 |) | Woodlaws ADDRESS | 272 | emorial | Par 240. REC | D BY REGIST | RAR Z4b. REGI | STRAR'S ST | GNATU | RE M | d . |
| CH F | - stone | (| Eas | tor | 1, Md. | | R 19'6 | | thun S. | the | A | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 TO FUNERAL D

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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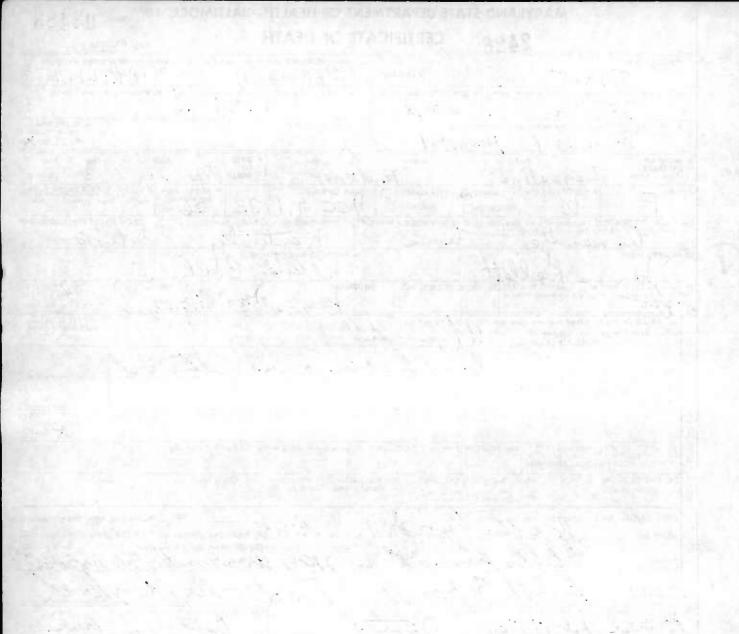
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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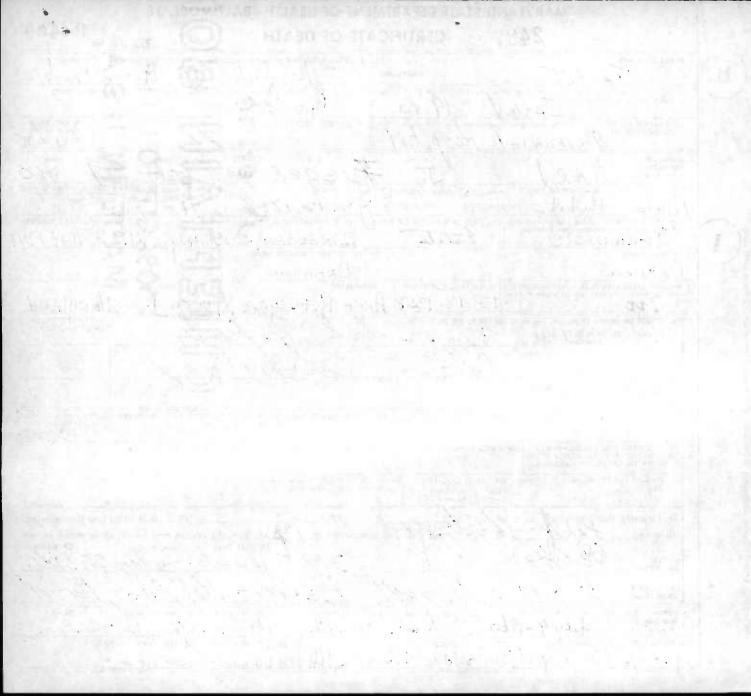
02483 CERTIFICATE OF DEATH

| , | 2486 | CERTIFICATE OF | DEATH | Reg. Dist. No. |
|---|---|--|--|--|
| 1 | 1. PLACE OF DEATH a. COUNTY Talbot | MARYLAND 2. USUAL RES | | f institution. Residence befare admission) V |
| | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EGSTON | ENGTH OF STAY IN 16 C. CITY OR | TOWN (If autside corporate limits | s, write RURAL and give nearest town) |
|) | d. NAME OF HOSPITAL (If not in hospital, give street address or INSTITUTION Membraial Hus | pital d. STREET | ADDRESS | e. IS RESIDENCE ON A FARM? YES NO |
| | 3. NAME OF DECEASED (Type or print) Jacqueline | Middle Lo Faulkner | OF Fol | Month Day Year |
| | S. SEX 6. COLOR OR RACE 7. MARRIEDA WIDOWED | NEVER MARRIED B. DATE OF BIRT | | In years IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min. |
| | 10a. USUAL OCCOPATION (Give kind af wark dane during/may af warking life, even it retired) | OF BUSINESS OR INDUSTRY 11. BIRTHP | LACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|) | 13. FATHER'S NAME | 14. MOTHER | S MAIDEN, NAME Coll | ling |
| | 1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. of unknown) (If yes, give war or dates of service) | IAL SECURITY NO. INFORMANT | mes d'ault | ner, Jentin |
| | 1B. CAUSE OF DEATH [Enter anly ane cause per line of PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | (a) (b), and (c).] | | INTERVAL BETWEEN ONSET AND DEATH |
| | 59/X DUE TO | Velhorin. | court well | tind |
| | gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> (b) DUE TO (c) | | | |
| | PART II. OTHER SIGNIFICANT CONDITIONS CONT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER 20b. DESCRIBE | RIBUTING TO DEATH BUT NOT RELATED T | THE TERMINAL DISEASE CONDIT | TION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO |
| | | HOW INJURY OCCURRED. (Enter nature | af injury in Part I or Part II af iter | m 1B.) |
| | 20c. TIME OF INJURY Manth, Day, Year 20d. INJUR Haur o. m. While at wark | Y OCCURRED Not while at wark 20e. PLACE OF INJURY factory, street, affice | | (Caunty) (State) |
| | 21. I certify that I attended the decrased falive on | ond that death accurred at | Hit in a CO | 19,that I last saw the deceased uses and an the date stated above. |
| | ACTUAL SIGNATURE | MD 2/ | | ar tawn, state) DATE SIGNED |
| | PHYSICIAN'S E-CH. SC | hmidt / | 24/07/6 | Masyland |
| | 220. BURIAL, CREMATION, 22b. DATE THEREOF 220 | NAME OF CEMETERY OR CREMATORY | 22d. LOCATION (Éir | y, tawn, ar caunty) (State) |
| | 23. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS Person | DATE B 1 8 '60 | 4b. REGISTRAR'S SIGNATURE Outhur S. Kraus |



attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



death. Page 4

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please femave carban papers. Pages 1 and 2 shauld be filed with the registrar priar to burial, crematian, ar remaval, and in any event within 72 hours after death.

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs the haspital ar attending physician. may be retain the TO FUNERAL DIRECTOR: TO HOSPITAL

VS A1S (4) 1SM 9/5B

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| 8 | 35 | 1 | |
| 1 | X | Mr. | , |

| 1. PLACE OF DEATH o. COUNTY | Talb | ot | MARYLAND | 2. USUAL RESIDENCE (a. STATE | | l. If institution: b. COUNTY | Residence bef | are admission) |
|---|---------------------------|-----------------------------|--------------------------|--|-------------------------|---------------------------------|----------------|--|
| RURAL and give ne | f autside carporate lim | | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (| If autside carporate li | mits, write RUR | AL and give n | earest tawn) |
| d. NAME OF HOSPIT | AL (If nat in haspital, s | | oddress) | d. STREET ADDRESS | | TGE | | e. IS RESIDENCE ON A FARM? |
| | Vista Nur | | | | | | | YES NO G |
| 3. NAME OF DECEASED | Fi | | Middle | Last | 4. DATE OF DEATH | Month | | lay Year |
| (Type ar print) | BESS | | T. | GENESE | | | uary | 23, 1960 R IF UNDER 24 HRS |
| s. sex Female | White | WIDOWE | DIVORCED DIVORCED | 8. DATE OF BIRTH | 1881 | | Manths Days | Haurs Min. |
| 10a. USUAL OCCUPATIO | N (Give kind of work | dane 10b. | KIND OF BUSINESS OR IND | USTRY 11. BIRTHPLACE (St | | | 12. CITIZEN C | F WHAT COUNTRY |
| Houses | ing life, even if retired | 1) | Alle sile (iii) | Nonth | Carolina | | USA | |
| 13. FATHER'S NAME | | | | 14. MOTHER'S MAIDE | | | UDA | |
| | T. Tunis | | | Helen | D. Kemp | | | |
| 1S. WAS DECEASED EVER | R IN U. S. ARMED FOR | | SOCIAL SECURITY NO. | INFORMANT | | Address | 100 | |
| No | سنتوم | | None A | lbert Gene | se. Clai | borne. | Marv | Land |
| 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY | the under- | est (1) printions c | CONTRIBUTING TO DEATH BU | | | | I IN PART I(a) | 19. WAS AUTOPSI PERFORMED? YES NO |
| 20c. TIME OF INJURY Have a. m. p. m. | Y Manth, Day, Ye | 20d. IN While at wark | Nat while f | PLACE OF INJURY (Hame, for actory, street, affice bldg., | | wn) | (Caunt) | r) (State |
| 21. I certify the alive an | at I attended the | decease , 19 (d | 1 PM | h accurred a 6 3. | ADDRESS (Street) | causes and | an the dat | w the decease te stated above DATE SIGNE |
| 22a. BURIAL, CREMATION | | 1960 | 22c. NAME OF CEMETERY | | 22d. LOCATION | | | (State) |
| 23. FLYVERAL PIRECTOR'S | | 6 | Christ Ch | urchyard uckael DATE | EEBBX REGISTOR | 246. REGISTR | AR'S BICHTAI | |

ties in the same of the same o _dod[mi ese f stendorn .uc Ric Victo Muraing Hore esimis _ minito more than a market 23, 1851 and 3 all magnok and Logan magni dan desi dinela AHABUMAL COMMON ALMAND, LANGE AND C 4 SIGN EGG A MESS Shriel .neb 25,1363 Chris Thurschrose ... Cons.ic, Particle. 그 그 아니라 그 그리고 있다고 되는 회원에 그리는 회사 그 나를 했다.

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|--|---|---|--|---------------------------|---|--------------------|
| o. COUNTY | Talbot | MARYLAND | o. STATE | | institution: Residence before admis | sion) |
| RURAL and give r | (If outside corporate limits, write pegrest town) all Oak | c. LENGTH OF STAY IN 1b | 1/ | outside corporate limits, | write RURAL and give nearest tow | m) |
| d. NAME OF HOSPI OR INSTITUTION | | eet oddress) | d. STREET ADDRESS | | ON | SIDENCE A FARM? |
| NAME OF DECEASED (Type or print) | First HARVEY | Middle | HALL | 4. DATE OF DEATH FO | Month Day | Year 1960 |
| SEX | 6. COLOR OR RACE 7. M | ARRIED NEVER MARRIED | B. DATE OF BIRTH | 9. AGE (I | | ER 24 HR |
| Male | White wind | OWED DIVORCED | August 11. | 1895 lost bir | | Min. |
| during most of wor | rking life, even if retired) | 06. KIND OF BUSINESS OR INDU Seafood | | | 12.CITIZEN OF WHAT | COUNTRY |
| FATHER'S NAME | TIT GULL | Bear ood | 14. MOTHER'S MAIDEN | | USA | |
| Enne | t Hall | | | | | |
| | | 16. SOCIAL SECURITY NO. | Annie | TTHON | Address | |
| Conditions, if a gove rise to couse (o), stating tying couse lost. | the <u>under-</u> DUE TO (c) | Supperliments to DEATH BUT | INOT RELATED TO THE TERM | MINAL DISEASE CONDIT | ONSET-AND | VY. |
| OR CONTRIBUTING | AS UNDERLYING 20b. [G CAUSE OF DEATH (MEDICAL EXAMINER) | DESCRIBE HOW INJURY OCCURRE | D. (Enter noture of injury in | Port I or Port II of item | YES [| ORMED? |
| 20c. TIME OF INJU Hour o. m. p. m. | WH | J. INJURY OCCURRED 20e. PL tile Not while work 0 t work | ACE OF INJURY (Home, for ctory, street, office bldg., e | rm, 20f. (City or town) | (County) | (Stote |
| 21. I certify the alive an 2 | hat I attended the dece | | | A | 160, that I last saw the coses and an the date state | d abav |
| ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) | hane wrote | KOU, | м.о. 1902. 48 | 1,5111 | chaels, Hd 2 | TE SIGNE -24-6 |

TO HOSPITAL OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 22 mounts.

To FUNERAL DIRECTOR: After this certificate has been signed by the oftending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours over death.

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CERTIFICATE OF DEATH

TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

TO HOSPITAL OF

VS A15 (4) 15M 9/58

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| | CERTIFICATE OF DEATH Reg. Dist. No. | |
|----|--|---|
| 1 | 1. PLACE OF DEATH O. COUNTY O. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before so STATE Maryland b. COUNTY Talled | 7 |
| | b. CITY OR TOWN (If outside carporate limits, write RURAL and give necessary in the RURAL and | arest town) |
| 80 | d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION MEMORIAL HOSPITAL 15 SUCAMORE AVENUE | e. IS RESIDENCE ON A FARM? YES NO |
| | 3. NAME OF DECEASED (Type or print) W (emyson Harrison Death Feb. 2 | 2 19 60 |
|) | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH NOU. 3 1895 9. AGE (In years lost bighday) Months Days WIDOWED DIVORCED DOOR OF ACE | IF UNDER 24 HRS. Hours Min. |
| 1 | 10a. USUAL OCCUPATION (Give kind of wark done lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAKE (State or foreign country) Leck 12. CITIZEN OF Wigner log Video Country 12. CITIZEN OF | WHAT COUNTRY? |
| | 13. FATHER'S NAME | |
| - | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no, or unknown) If yes, give war or dates of service) 213-01-5568 Mr. Lloyd Harrisin Easton | , Md. |
| | 18. CAUSE OF DEATH [Enter only one couse per line for (a) (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Misoric Practice due alle eras elevares ONS | ERVAL BETWEEN SET AND DEATH 3 |
| | Canditions, if ony, which gove rise to immediate cause (a), stating the under-lying couse lost. DUE TO Canditions, if ony, which gove rise to immediate cause (a), stating the under-lying couse lost. | |
| 0 | PART HYOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT DELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1 Chronic essential Enghaticus con . Hyperticus cur C-V des care. | 9. WAS AUTOPSY PERFORMED? YES NO |
| | 206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | |
| 33 | 20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19 While Not while at wark at wa | (State) |
| | 21. I certify that Lattended the deceased fram Ufile, 1936, to 2246 , 1960, that I last save alive an 2276 , 1960, and that death accurred at 9 AM, fram the causes and an the date ACTUAL SIGNATURE Running Man. Carfae May Land 2 | |
| 1 | PHYSICIAN'S THURSTON HARRISON | |
| Q | 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) PREMOVAL (Specify) Feb. 24 1960 Dring Hill Remotery Easton Mory 2 3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAR'S SIGNATURE | (State) |
| 3 | Maurice E. Newmann + Son Kaston, Mr. DATEMAR 2 160 Cuting & time | |

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| ~ | MARYLAND STA | TE DEPARTMEN |
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| | 2489 | CERTIFICAT |
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FilmG261 4-22-60 et CERTIFICATE OF DEATH

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| | / 489 | CERTIFICA | IE OF DEATH | Reg. Di | st. No. |
|---|--|-------------------------------|--|--|---|
| 1 | 1. PLACE OF DEATH o. COUNTY ALBOI | MARYLAND | 2. USUAL RESIDENCE (Where decease o. STATE Marvland | b. COUNTY | |
| | b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) | TH OF STAY IN 16 | c. CITY OR TOWN (If outside corp | porate limits, write RURAL and | |
| | d. NAME OF HOSPITAL (If not, in hospital, give street address) OR INSTITUTION AS TON Memorical | HOSD. | Rural - St. d. STREET ADDRESS RFD | Michaels | e. IS RESIDENCE ON A FARM? YES NO |
| | 3. NAME OF DECEASED (Type or print) MRS. Virginia | $\mathcal{B}^{	ext{	Middle}}$ | HOPKINS 4. DATE OF DEATH | H Feb | Day Year 15 1960 |
| | female white WIDOWED | DIVORCED . J | uly 8, 1891 | 9. AGE (In years le UNDER last birthdoy) Months | Doys Hours Min. |
| | 10o. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired) Housework | BUSINESS OR INDUSTR | 11. BIRTHPLACE (State or foreign Maryland | country) 12. CIT | Usa |
| 1 | 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN NAME | | |
| | William F. Blackford 1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL S (Yes, no, or unknown) (If yes, give war ar dates of service) | | ORMANT | Address Address | Ma |
| ۱ | 18. CAUSE OF DEATH [Enter only one cause per line for (o), | | lian Hopkins, | St. Michaels | INTERVAL BETWEEN |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) | soliar | anlewis, | n Naorta | ONSET AND DEATH |
| | Conditions, if any, which) (b) | dio no | expit of a | ester. | |
| | gove rise to immediate cause (a), stating the <u>under-lying couse lost.</u> | | | | |
| | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRI | TING TO DEATH BUT N | OT RELATED TO THE TERMINAL DISEA | ase condition given in Par | 11(a) 19. WAS AUTOPSY PERNORMED? YES NO |
| | | W INJURY OCCURRED. | (Enter noture of injury in Part 1 ar Pa | art II af item 18.) | |
| | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OF While of work of work | while focto | E OF INJURY (Hame, farm, ry, street, office bldg., etc.) | ity or town) (| County) (State) |
| | 21. I certify har I aftended the deceased from | | | , 19,that i ic | |
| | ACTUAL SIGNATURE | and that death of | | n the causes and an the (Street, city or town, state) | DATE SIGNED |
| | PHYSICIAN'S F.C. H SCHIM | idt | Exton 1 | 18, Masyla | A |
| | REMOVAL (Specify) | ME OF CEMETERY OR CEM | | ATION (City, town, or county) | (Stote) |
| | | DRESS Easton , | | STRAR 24b. REGISTRAR'S SI | |
| | MAGU | way he | DAIL WELL | | |

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TO HOSPITAL OR moy be retoine TO FUNERAL DI

VS A15 (4) 15M 9/5S

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH

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| | 7003 | | | The second second | Keg. Dist. No. |
|---|--|---------------------------------------|--|--|--|
| 1, PLACE OF DEATH o. COUNTY | Talbot | MARYLAND | 2. USUAL RESIDENCE (WHO o. STATE Mary. | - L COUNTY | ion: Residence before admission) Talbot |
| b. CITY OR TOWN (If ou RURAL and give neares | tside corporate limits, write it town) | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (IF o | outside corporate limits, write l | RURAL and give nearest town) |
| d. NAME OF HOSPITAL (OR INSTITUTION | If not in hospital, give stree | t oddress) | d. STREET ADDRESS | | e. IS RESIDENCE ON A FARM? YES NO |
| 3. NAME OF DECEASED (Type or print) | CARRIE | Middle | JONES | 4. DATE Mo OF DEATH Feb1 | Puary 3. 19 60 |
| 5. SEX 6. Female | White Widov | RRIED NEVER MARRIED DIVORCED DIVORCED | B. DATE OF BIRTH Aug. 16, 18 | 9. AGE (In years lost birthday) 89 yrs | |
| Housew | life, even if retired) | D. KIND OF BUSINESS OR INDU | Wittman | n, Maryland | 12. CITIZEN OF WHAT COUNTRYS |
| 13. FATHER'S NAME | | | 14. MOTHER'S MAIDEN N | | |
| 15. WAS DECEASED EVER IN | M Thomas U. S. ARMED FORCES? 1. give wor or dories of service) | | Ann El | | es fress Maryland |
| Conditions, if ony, gove rise to immucouse (o), stating the lying couse lost. | under- | the Se | lunia. | | 10900 |
| PART II. OTHER: | NDERLYING 20b. DE | SCRIBE HOW INJURY OCCURRE | | | VEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO |
| US (IF EITHER, NOTIFY MED) 20c. TIME OF INJURY Hour o. m. p. m. | DICAL EXAMINER) | e Not while fa | ACE OF INJURY (Home, farm ictory, street, office bldg., etc | , 20f. (City or town) | (County) (Stote) |
| 21. I certify that alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) | CVY / | 1 6 | | | and an the date stated abave. |
| REMOVAL (Specify) | 22b. DATE THEREOF | 22c. NAME OF CEMETERY CO | or CREMATORY | 22d. LOCATION (City, town, | |
| 23. FUNERAL DIRECTOR'S SI | . A M | ADDRESS | | D BY REGISTRAR 24b. REG | ISTRAR'S SIGNATURE |

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Items 8 & 9 Film G258 3/11/60 iwk

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VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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| 2497 | CERTIFICATE | OF | DEATH |
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| 1. PLACE OF DEATH O. COUNTY TO BAT | MARYLAND | 2. USUAL RESIDENCE (Who o. STATE Mary) | | If institution: Residence Caro | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give necessary town) | c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If o | utside corporate lin | nits, write RURAL and gi | ve nearest town) |
| Eas Joh | 32da, | Feder | ralsburg | - Rural | 05X-2 |
| d. NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION Nemorial Hos | oddress) | d. STREET ADDRESS | Concord | | e. IS RESIDENCE ON A FARM? YES NO |
| 3. NAME OF DECEASED (Type or print) Renthal | Middle | Last | 4. DATE OF DEATH | Ebanta - | Day Year 23 1960 |
| 5. SEX 6. COLOR OR RACE 7. MARR | IEDE NEVER MARRIED | 8. DATE OF BIRTH | 9. AG | 1 1 1 1 | YEAR IF UNDER 24 HRS. |
| Female White WIDOWE | D DIVORCED | September 8, | | birthdoy) Months (| Doys Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of wark dane 10b. during most of working life, even if retired) Housework | KIND OF BUSINESS OR INDU Home | | or foreign country) | | S.A. |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN N | | | |
| Reynolds Wilson | | Fannie Wi | lson | | |
| | SOCIAL SECURITY NO. | NFORMANT | | Address | |
| No 21 | 19-07-7719 E: | rnest E. Knox, | Federal | sburg, Md., | R.F.D. |
| Canditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost. DUE TO DUE TO (b) DUE TO (c) | e for (o), (b), and (c).] anchiac cument | Failure Carainon | 1a g (| ervix | INTERVAL BETWEEN ONSET AND DEATH 1 2 |
| PART II. OTHER SIGNIFICANT CONDITIONS C | | | | | 1(a) 19. WAS AUTOPSY PERFORMED? YES NO D |
| OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | CRIBE HOW INJURY OCCURRE | D. (Enter nature of injury in F | ort I ar Port II of i | tem 1B.) | |
| 20c. TIME OF INJURY Month, Doy, Year 20d. IN While at work | Not while fo | ACE OF INJURY (Hame, farm ctory, street, office bldg) etc. | | rn) (Co | ounty) (Stote) |
| 21. I certify that I attended the decease alive on (2) 22 190 | | 1958, to f-C accurred at 1.204 | 6 23 | _, 1960that I las | t saw the deceased |
| ACTUAL SIGNATURE OUT B | · Ceil | | ADDRESS (Street, ci | | DATE SIGNED |
| PHYSICIAN'S ARTHUR | 3. Cel | 11 | H > + | ON/Ma | URY -HIVE |
| 220. BURIAL (CREMATION, REMOVAL (Specify) Feb.26, 1960 | Hill Crest | | Federal | sburg, Mary | rland (State) |
| 23. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS | had 24a. REC'I | BY REGISTRAR | 24b. REGISTRAR'S SIG | NATURE |

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(Stote)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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W. FramptonCarroll

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DATE SIGNED

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9. AGE (In years

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER 59 22d. LOCATION (City, town, or county)

246. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR arthur & Kraus

VS. A15ME 5M 2/57

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be executed certificate TO FUNERAL DIRE page 3 shauld b VS A15 (4)

15M 9/5B

02493

e. IS RESIDENCE ON A FARM?

YES NO

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IF UNDER 1 YEAR IP UNDER 24 HRS

USA

(County)

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

Tinknown

PERFORMED? YES NO T

(Stote)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4)

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e. IS RESIDENCE

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ON A FARM? YES NO

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

19 600 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES IN NO (County) (State) and that death accurred at \$1511.M, from the causes and an the date stated above. DATE SIGNED ADDRESS (Street, city or town, state) 22d LOCATION (City, town, or county) (State) 24b. REGISTRAR'S SIGNATURE arthur S. Kraus

Editor Trans

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A TOTAL ALLEGO OF

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPITAL OR

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02494

| | 2003 C | ERTIFICA | TE OF DEATH | | Reg. Dist. | No. | |
|--|--|----------------|--|--------------------------------|----------------------|------------------------|----------|
| 1. PLACE OF DEATH o. COUNTY Jacket | | MARYLAND | 2. USUAL RESIDENCE (Whe | re deceased lived. If in b. CO | | before admissi | ion) |
| b. CITY OR TOWN (If outside corporate RURAL and city/nearest town) | | OF STAY IN 16 | c. CITY OR TOWN US | Dide corporate limits, v | vrite RURAL and give | nearest town |) |
| d. NAME OF HOSPITAL (If not in hospit OR INSTITUTION TISSUE A | elesing H | me | d. STREET ADORESS | rein | | | FARM? |
| 3. NAME OF DECEASED (Type or print) | First Lar | riell à | Heller | 4. DATE OF DEATH | Month | 5 1 | Yeor 60 |
| T. 70. | | OVORCED | DATE OF BIRTH | 9. AGE (In lost birth | yrs. Months Do | | Min. |
| 10a. USUAL OCCUPATION (Give kind of w during prost of working life, even if re | fired) KIND OF BUS | TOME | Yourse | Roman | 12. CITIZE | OF WHAT | COUNTRY |
| 13. FATTER'S NAME FLORES MI | ilu Alef | llu | 14. MOTHER'S MAIDEN A | R heng | estry | | |
| 15. WAS DECEASED EVER IN U. S. ARMED | es of service) Kirky | e Mu | reday 2 | welkede | Address | ugh | Pa |
| 18. CAUSE OF DEATH [Enter only or PART I. DEATH WAS CAUSED IMMEDIATE CAUSED C | BY: /// | bull (| Joseph | 1 tech | ident | CHISET AND | DEATH |
| Conditions, if ony, which | (b) Supple | tenzio | y Eardi | Musu | lastin | 34 | 7 |
| coese (o), stating the under- | (c) Henry | alin | Asterio | usleron | es 1 | 104 | 12 |
| PART II. OTHER SIGNIFICANT OF THE PART I | | | | | | (o) 19. WAS A PERFO | RMED? |
| | ATH (ER) | | (Enter noture of injury in Po | | | | |
| 20c. TIME OF INJURY Month, Day, Hour o. m. p. m. | Year 20d. INJURY OCCUR While Not while of work of work | 1 6 | E OF INJURY (Home, farm, rry, street, office bldg., etc.) | | (Cou | nly) | (State) |
| 21. I certify that Tattended alive an | 70 | d that death o | 19.27, to 2 accurred at 6 : COI | M, fram the cau | | | |
| ACTUAL SIGNATURE LOCAL | y White | М. | o. 1811,489, | DDRESS (Street, city or | town, stole | 4/2 | TE SIGNE |
| PHYSICIAN'S PL | ANEWR | OTH | | | | | |
| 22. BURIAL REMATION, 22b. DATE TH | 8,1960 Hos | OF CEMETERY OR | Veneley | 22d. JOCATION (CIA) | ugh | State | <i>y</i> |
| 23. PUNEAU PROFICION SIGNATURE | ADDRES | la . | 24o. RÉC'D | BY REGISTRAR 24b. | RESISTRAR'S SIGN | ATURE | |

| | - Design | CHAPTER. | |
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ALLEYLAND STATE DEPARTMENT OF HEALTH-BALTIMODE, 18

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| | Reg. Dis | 1, 140. |
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| 1. | PLACE OF DEATH o. COUNTY TAlbot MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence of Maryland o | e before admission) |
| | RURAL and give nearest town) Fig. 1 | ive nearest town) |
| | d. NAME OF HOSPITAL III not in hospital, give street address) OR INSTITUTION MERORIAL ACSPITAL A. STREET ADDRESS | e. IS RESIDENCE ON A FARM? YES NO X |
| 1 / | DECPOSEDO A PORTO DE | 2 6 - 1960 |
| 5. | THE TOTAL MARKIED INC. MARKIED | 1 YEAR IF UNDER 24 HRS. Days Hours Min. |
| 100 | USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1) BIRTHPLACE (State or foreign country) 12. CITIZ during play of working life, even if retired) Levent Farmer Mr. Wyr Mells Md | EN OF WHAT COUNTRY? |
| 13. | James William Wheatley as not finer | |
| | | Mary land |
| | 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LILLINGIA LILLING | INTERVAL BETWEEN ONSET AND DEATH |
| | 446× DUE TO nephro hatby | (3) |
| ı | gave rise to immediate couse (a), stating the <u>under-lying couse lost.</u> DUE TO Course lost. | |
| CATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Tradius Liefs | 1(o) 19. WAS AUTOPSY PERFORMED? YES NO NO |
| CERTIFI | 20g. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | |
| MEDICAL | 20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 19 20d. INJURY OCCURRED While Not while of work of otwork of work of the control of | ounty) (State) |
| ľ | 5, 4, 1 | at saw the deceased |
| B | ACTUAL SIGNATURE Thus has Racicon M.D. Cartan Many Land | DATE SIGNED |
| | PHYSICIAN'S THURSTON HARRISON EASTON, MARYL | ANd |
| 220 | Brue Help 28.1960 Greenment Nelleharo Con | line Co Mal |
| 23. | FUNERAL DIRECTOR'S SIGNATURE Buth Bris. Centrulle, M. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE MAR 10'60 | NATURE Thank |
| | MEDICAL CERTIFICATION | 1. PLACE OF DEATH O. COUNTY B. CITY OR TOWN If outlide corporate limit, write and the control of synt in 10 county of the synt in 10 county of the synthesis corporate limit, write and the synthesis corporate limit, write and the synthesis corporate limit, write and the synthesis of the synthesis corporate limit, write RURAL and give necrest lown) L. CITY OR TOWN If outlide corporate limit, write and synthesis of the synthesy |

Analysis of the state of the The second secon THE CONTRACT OF THE STREET STREET and the state of the second of James William White they are the 27 th James -Loga La- Steen / Gergen J. B. Walfelfelm Hally Emal

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2497 CERTIFICATE OF DEATH

05009

| Reg. | Dist. | No. | |
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|--|--|--------------|
| 1. PLACE OF DEATH a. COUNTY MARYLAND | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE b. COUNTY Talbot | |
| b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) | b c. CITY OR TOWN (If autside carporate limits, write RURAL and give near | |
| Easton. Shes lomin | , 70 Easton | |
| d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION | / d. street ADDRESS Elizabeth St. | ON A FARM? |
| 3. NAME OF First Middle | 1 | |
| DECEASED (Type or print) Charles L. | Wilcox SEATH FOREGRA 2 | 9 1960 |
| S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | | - |
| Male White WIDOWED DIVORCED | May 14, 1888 71 yrs. Months Days | Haurs Min. |
| 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INI during most of working life, even if retired) | DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF | WHATCOUNTRY |
| ret. Co. Rep. | Penna. USA | V |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | |
| ukn | ukn | |
| 1S, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. | INFORMANT Address | |
| no none 049 10 4362 | Mrs. Chas. Wieland, III, Eastor | ı, Md. |
| 1B. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] | ONSE | RVAL SETWEEN |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OFOTO STATE | 0001151017 | · · · · |
| 420, 1 DUE TO | | |
| Canditians, if any, which) (b) | | |
| gave rise to immediate cause (a), stating the under- | | |
| lying cause last. (c) | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B | BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B | Mary 1 | YES NO |
| OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | RRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| | PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.) (Caunty) | (State |
| 21. I certify that Lattended the deceased fram. | , 19, ta, 19,that I last saw | the decease |
| " Wattoomalan | ath accurred at 2:10 P.M. fram the causes and an the date | |
| ACTUAL SIGNATURE CELLEGEMENT | M.D. 2/95 W25/7/179 Ton 5/2 | DATE SIGNED |
| PHYSICIAN'S E.C.H. Schmidt | Estor 16, Men/21 | d. |
| 226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY REMOVAL (Specify) | | (State) |
| BUT1al 3/3/60 Mapae Hill 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS | Cemetery Ashley Penna. | c |
| ADDRESS ADDRESS | -2- | |
| Contrapology Cayer L #57 | DATE APR 1 9'60 arthur S. Firmer | |

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